

POSITION	ID NO.	DATE
CLASSIFIER	26	10/1/94
EXAMINER	96	10-18-94
TYPIST	357	01/20/95
VERIFIER	290	1-23-95
CORPS CORR.		
SPEC. HAND	423	1-17-95
FILE MAINT.	454	10-3
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	Original
1 (1)	✓ 4/26/95
2 2	✓
3 3	✓
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## Best Available Copy

## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- ..... (Through number) Cancelled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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